

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019849 FILING DATE 01 NOV 2001
APPLICANT(S) *K. ittelli*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			/			
TOTAL DEP.			5			
TOTAL CLAIMS			7			

*	*	*	*
IND.	DEP.	IND.	DEP.
51	/		
52	/		-
53	/		
54	/		
55	/		
56	/		
57	/		
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96			
97			
98			
99			
100			
TOTAL IND.	3		
TOTAL DEP.	21		
TOTAL CLAIMS	32		